

State of Missouri

Matt Blunt, Secretary of State

Commissions PO Box 784, Jefferson City, MO 65102 Toll-Free (866) 223-6535 or (573) 751-2783

Application for Change of Employer Resident Notaries Non-Resident Notaries (Same County of Employment)

(No fee)

r Type			
ame		Date of Birth (MM/DD/YYYY)	
(This name must appear as i	it is signed in #8)		
revious Address			
ew Employer			
ddress			
ity	State	Zip Code	
ounty of Residence (St. Louis City F	Residents please specif	y City)	
aytime Phone Number			
ommission Number		(for those receiving commissions after August 28, 20	04)
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Application for Change of Employer Resident Notaries Non-Resident Notaries (same county of employment) Instructions

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

2. **Old Employer** – Provide name and address of previous employer.

New Employer – Provide name and address of new employer.

- 4. County of Residence Please indicate the county in which you legally reside and are registered to vote, even if you work in a different county. You are commissioned for the county in which you live, but you are able to notarize anywhere in the state of Missouri. *If you reside in St. Louis City, please put St. Louis City in the county blank.
- 5. **Daytime Phone** You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
- 6. Commission Dates Please indicate the beginning and ending dates of your present commission as a notary public.
- 7. Commission Number Please provide your commission number if you were commissioned after August 28, 2004.
- 8. **Signature** Complete the form by adding your signature in the same name style you indicated in # 1 on the application. The Secretary of State's Office can only accept original signatures photocopied signatures will be rejected.